Centre for Health and Social Justice

10th Annual Report 2014-2015



Annual Report adopted by CHSJ at the 20th Board of Trustees Meeting held on 17th September, 2015.

Centre for Health and Social Justice

Basement of Young Women's Hostel No.2 (Near Bank of India) Avenue 21, G Block, Saket, New Delhi - 110 017. Phone: 91-11-26535203, 26511425 Telefax: 91-11-26536041 Email: chsj@chsj.org, Website: www.chsj.org

Contents: CHSJ Team Cover Design: CHSJ Creative Communication Cover Photo: Snapshot of participant in TOT of **'CHSJ Campaign'** Father Care in Bhopal on 4th & 5th August 2014. Layout & Printing: Drishti Printers, 9810529858, 9810277025

CONTENTS

Executive Summary	4
Acknowledgements	4
Centre for Health and Social Justice	
Organisational Profile	5
CHSJ's Work during the Year	5
Strategic Objectives	6
Thematic Areas	
Theme : Reproductive and Sexual Health and Rights	8
Theme : Men and Gender Equality	10
Theme : Community Action for Health Rights	14
Theme : Health Rights and Marginalised Communities	16
Strategic Interventions	
Research and Information Management	18
Partnerships and Networking	21
Operational Mechanisms	
Organisational Effectiveness	23
Capacity Building	23

Annexures

Annexure 1 : CHSJ Staff as on 31st March 2015	25
Annexure 2 : CHSJ Board of Trustees and CHSJ Advisors	25
Annexure 3 : Distribution of CHSJ's Work in Different States in India	26
Annexure 4 : Financial Summary 2014-2015	27

EXECUTIVE SUMMARY

It gives me tremendous pleasure and a strong sense of achievement in placing the **10th Annual Report** of CHSJ before you. This year was a test of growth and robustness that CHSJ has achieved over the last nine years and we feel vindicated that we have been able to pass this test. CHSJ has taken pride in its ability to link grassroots reality to policy reality and to global development processes. The 2ndMenEngage Global Symposium on Engaging Men and Boys for Gender Justice was the perfect platform to show both the depth and breadth of our engagement with community groups, with social movements and with policy players in India and across the world. The four day conference brought together 1200 people of diverse backgrounds and from over 95 countries to New Delhi in an unprecedented gathering. Country level processes took place across several months and over 50 events big and small took place across the city of Delhi itself to highlight the important role that men and boys need to play to bring about gender equality. This was only possible because of the tremendous support we received from partners and mentors in the women's movement and the development sector both in India and abroad. We are extremely grateful to all, that a potentially fraught issue was discussed with such felicity and depth towards a new global consensus.

Community level experiences have been a strong source of conviction for CHSJ's work and advocacy. The five year long Samajdar Jodidar project in Maharashtra came to a close this year, and we must thank UNFPA for continuing to support it for five years, since many development funds are for shorter periods. This enabled us to truly explore the different dimensions of transformative change among men. We hope to be able to do a set of studies to understand and explain this change. A similar experiment with men on the idea of 'engendered accountability' in Madhya Pradesh, allowed us to explore the linkages between the idea of accountability to the family that a man should have as a husband and father, and the sense of 'claim' or entitlement from public services related to maternal and child health. We were able to support the development of a health rights campaign around maternal health, and the campaign is now independently negotiating with public services. A series of films and media articles highlighted the work being done by CHSJ and its partners at the community level, the most significant being an episode on masculinities, 'When Masculinity Harms Men,' hosted by film star Amir Khan on his TV show Satyamev Jayate as the closing episode of the third season.

The local–global linkage that CHSJ wishes to strengthen was also highlighted during the year through our work on Social Accountability on health related issues. We had been coordinating the communication of COPASAH, a global community of practitioners. This year the steering committee of COPASAH, acknowledging our successful networking efforts, also asked CHSJ to assume the Global Secretariat functions. Through COPASAH we have been able to connect grassroots practitioners in India, South Asia and across the world to a mutual learning and sharing process. In India and South Asia, an intensive process of Facilitated Learning Exchange helped practitioners to learn from the experience of their peers. A couple of papers and sessions based on the COPASAH experiences were highlighted at the 3rd Global Symposium on Health Systems Research at Cape Town.

More than ever before, we depended on the unstinting support of partners, colleagues, mentors and advisors for the success of our work. On behalf of the CHSJ team, I would like to thank each one of you and especially our Trustees for your kindness and support which has been our most valuable asset. Thank you all.

Jdir-

Abhijit Das Managing Trustee and Director

ACKNOWLEDGEMENTS

CHSJ wishes to express its deepest gratitude to its partners, colleagues, co-travellers and advisors and last but not the least men and women within the communities it serves, as it continues to learn and take its inspiration from them. The consolidation and growth of the work of Centre for Health and Social Justice (CHSJ) is made possible because of their support.



Centre for Health and Social Justice

ORGANISATIONAL PROFILE

Centre for Health and Social Justice (CHSJ) is a civil society institution working on issues related to health and social justice. CHSJ seeks to strengthen accountability of public health systems and health governance through research, resource support, and advocacy. CHSJ also seeks to develop ways through which men can engage in gender equality and social justice. It is a registered charitable trust headquartered in New Delhi.

MISSION

To support the creation of equitable, gender-just, and accountable health systems in India where:

- Mechanisms are established for identifying rights violationsinclusive of those based on gender, caste, and race-and for identifying denial of quality services at all levels;
- Citizens/citizen groups, especially the marginalised, are part of planning and feedback mechanisms that are operational (they address rights violations and denial of quality services for public health programmes at all levels); and
- State/public and social accountability mechanisms and processes are developed and are in use.

CHSJ's WORK DURING THE YEAR

OVERVIEW

Strengthening its base at the grassroots and widening its horizons to the global level, in the ninth year of its work, CHSJ managed both processes simultaneously. The strength of these parallel movements by the organisation can be gauged from the fact that CHSJ's work in both its primary focus areas - community action for health rights and men and gender equality - were equally recognised from the local to the global level. This year CHSJ became the global secretariat and communications hub for COPASAH (Community of Practitioners on Accountability and Social Action in Health) which has a presence in four regions of the world. CHSJ also hosted the secretariat of the 2nd MenEngage Global Symposium 2014 – Men and Boys for Gender Justice, organised in New Delhi in November by the MenEngage Global Alliance along with UNFPA and others.

Both achievements mark the confidence expressed internationally as well as by local partners in CHSJ's capacity to ensure democratic, transparent and participatory processes. The development in COPASAH indicates faith in CHSJ's ability to provide both conceptual leadership and technical support.

For hosting the MenEngage global symposium CHSJ was able to mobilise and competently handle a dedicated corps of funds to the tune of Rupees four crore. The event which brought together eminent people representing diverse fields from 95 countries, led to decisions influencing policy and planning at the international level. Sharing of insights by practitioners and researchers created a roadmap for their future work. National and international media visibility was ensured.

The quality of discourse in the sessions and management of the symposium in ensuring standards, meeting challenges and keeping to timelines was widely recognised. It was calibrated not only as an event but as a process of introducing intensive advocacy on gender and masculinities in the South Asia region with a variety of stakeholders. Pre symposium mobilisation activities received tremendous support from CHSJ's partners among civil society

groups and academia, and led to strengthening of the regional South Asia network of MenEngage and the Forum to Engage Men network partners in India.

At the ground level, CHSJ's action research work in Maharashtra – the Samajdar Jodidar project, emerged as a showcase for learning on engaging with men and boys. CHSJ's role ended this year after four years, as ownership of the work was successfully embedded locally. In a learning exchange visit, a team of practitioners from South Africa visited the project area in November.

The visibility of CHSJ's work on masculinities reached new heights and received added momentum when it was featured in the popular TV show Satyamev Jayate, aired on national television networks on the eve of the global symposium.

In the field of sexual and reproductive health and rights, CHSJ was able to work with partners to raise the issue for advocacy at multiple significant levels.

A big achievement this year was CHSJ's ability to generate large resources through various organisations and its finance team

handling delays without allowing work to be affected. CHSJ also became more systematic in organising its internal management and governance systems. Another feature this year was the large amount of awareness and advocacy material produced.

STRATEGIC GOALS AND OBJECTIVES

- Create a shared understanding- backed by rigorous evidence- among concerned stakeholders (the affected and citizens' groups) on critical issues related to health.
- Enable citizens' groups to engage with the state and among themselves to improve accountability.
- Establish mechanisms and de velop capacities within the system to engage with the community for effective and accountable service delivery.
- Develop and share methodologies for involving men as responsible individuals and citizens to ensure gender justice.

Objective	Achievements
Create a shared understanding- backed by rigorous evidence- among concerned stakeholders (the	The Maternal Health Rights Campaign (MHRC) in Madhya Pradesh has emerged as a common platform for consensus building and advocacy on the issue in the state. The results of the fact finding of a maternal death that occurred in Satna were shared with district officials and the case was also extensively reported in the media. MHRC's work has been presented at national and international platforms as a model for collective civil society advocacy and for seeking accountability in maternal health services.
affected and citizens' groups) on critical issues related to health.	COPASAH has emerged as a platform for capacity building on new skills (such as use of technology in social accountability work) and perspectives related to social accountability, as well as for sharing of experiences between partners. Its current membership stands at 129 organisations and 24 individuals. Its extensive listserv COPASAHConnect, which is an important communication channel, has 505 global and Indian members.
Enable citizens' groups to engage with the state and among	Consistent advocacy in Sidhi district of Madhya Pradesh, through community based monitoring, dialogue with local authorities etc has yielded results in terms of improvements in infrastructure and availability of medicines at the Karavahi primary health centre in the state.
themselves to improve accountability.	The experiment with community based monitoring in family planning services in 10 districts of Uttar Pradesh and Bihar, has been able to generate evidence for the first time about the many gaps in the family planning programme related to lack of choice, poor quality of care, poor screening and follow up care and lack of information provided to women. This initiative has been able to generate awareness of entitlements related to family planning, and make quality of services a concern.
Establish mechanisms and develop capacities within the system to engage with the community for effective and accountable service delivery.	Inputs on social exclusion and health have enabled dalit communities in Chhindwara, Betul and Raisen districts of Madhya Pradesh to identify and articulate social exclusion as it plays out in availability, acceptability and quality of health services. At the local level, the partners have been able to highlight health concerns of socially excluded communities and serve as a pressure group to influence local health functionaries and governance bodies such as village health sanitation and nutrition committees (VHSNCs) in the interest of the health rights of their communities. The ASHAs (Accredited Social Health Activists) are working in tandem with Health Action Group (HAG) members. Some results of this engagement are evident, as non dalit ASHAs have started visiting 24 dalit households and are providing services to pregnant dalit women.
Develop and share methodologies for involving men as responsible individuals and citizens to ensure gender justice.	With consistent engagement, youth in Bundi and Udaipur districts of Rajasthan have advocated with their families and community for establishing new social norms. Group members helped in ensuring higher education for girls, delaying age of marriage of girls and reduction in gender discrimination.
	In the 100 Samajdar Jodidar intervention villages in Maharashtra a new practice has been set with all houses in 50 villages being jointly owned by both husband and wife, while in the rest of the villages at least half the houses are jointly owned.
	Marathi media consistently reported on male participation for improving gender equality by featuring stories of change among men and boys in Maharashtra.
	CHSJ hosted the 2nd MenEngage Global Symposium in New Delhi and 1200 participants from 95 countries participated, sharing experiences and ideas from the local to the global and creating a powerful voice in international development advocacy.

Thematic Areas

The work of CHSJ is operationally divided into four thematic and two strategic areas



Theme: Reproductive and Sexual Health and Rights

Like earlier years, CHSJ continued to work together with its network and alliances to advocate for reproductive health rights, and tried to create an environment of vigilance by documenting human rights violation in coercive population policies. The experiment with community based monitoring (CBM) in family planning services for the first time helped to raise awareness about family planning entitlements among community women. It was able to generate evidence about many gaps in the family planning programme. In addition, consistent advocacy with the media resulted in comprehensive coverage of the problems with the family planning programme, following the sterilisation deaths in Bilaspur, Chhattisgarh.

Securing Maternal Health and Rights

In partnership with the National Alliance for Maternal Health and Human Rights (NAMHHR), CHSJ has been at the forefront of raising critical issues related to maternal health in India. Some of the key activities undertaken this year were:

- Participating in drafting a policy brief on 'second generation' reforms required in maternal health programming. After 10 years of the Janani Suraksha Yojana and the NRHM (National Rural Health Mission), a different approach is required to address persisting gaps in maternal health programming. The policy brief identifies critical issues requiring attention and makes recommendations to address them.
- Undertook an ethnographic study on maternal health practices of tribal women who deliver in the home in Odisha's Rayagada district. The study also explores women's experiences with the formal health system. Data collection for the study is still under way.

Advocacy on Quality of Care and Informed Choice in Family Planning, following the Bilaspur incident

In November, the death of 13 women after sterilisation operations in Bilaspur, Chhattisgarh, caught media attention worldwide. As a response to the outrageous and entirely preventable deaths, a statement was issued by the National Coalition against Two Child Norm and Coercive Population Policies condemning the incident and calling for an urgent review of India's family planning programme. An editorial raising concerns about India's



coercive family planning programme and the urgent need to address guality of care was authored by CHSJ and published in the British Medical Journal. A public hearing was organised on the issue in collaboration with Population Foundation of India (PFI), Family Planning Association of India (FPAI), Human Rights Law Network (HRLN) and One Billion Rising (OBR) on December 17, in New Delhi. Over 200 participants from ten states shared their views and experiences. Participants included affected women and families of women who had died or suffered post sterilisation failures and complications, civil society organisations, health and human rights advocates and media representatives. The testimonies were submitted to the National Human Rights Commission (NHRC) for further action. The hearing also took up the issue of addressing contraceptive needs of youth, who are currently out of the purview of family planning programmes, as well as the need to meaningfully engage men in family planning.

Addressing Informed Choice and Quality of Care in Family Planning through Community Based Monitoring

CHSJ has been at the forefront of raising issues of quality of care and informed choice in family planning programme. In partnership with nine civil society organisations CHSJ undertook community based monitoring of family planning services in 50 villages in 10 districts of Uttar Pradesh and Bihar. The exercise included discussions with women who are intended as well as actual beneficiaries of the family planning programme. Interviews were conducted with ASHAs, medical officers and auxiliary nurse midwives (ANMs) and health facilities were observed. Hundred focus group discussions (FGDs) were conducted (two in each village), and 340 women users, 50 ASHAs and 10 medical officers were interviewed and 10 PHCs observed. Score cards were prepared to assess the performance of each district.

The major findings were:

- Lack of counselling and information-sharing was a recurring problem in which all districts reported 'poor' performance
- Very few women were told about all the available family planning methods; providers generally only provided information about sterilisation
- Medical officers as well as ASHAs reported being given targets for sterilisation The ASHAs pressurised women to undergo sterilisation operations by making repeated visits to them
- The consent form was not read out to the women and no assistance was provided to help them understand it
- The PHCs/ Community Health Centres (CHCs) were not well equipped to provide family planning services, with 6 out

of 10 districts scoring 'poor' in terms of quality of clinical services for family planning and the remaining four scoring 'average'

The findings have been widely shared through district level public dialogues in the 10 districts and also through two state level dialogues in Patna and Lucknow.

Building Pressure on Rajasthan Government to do away with Two Child Norm

CHSJ and the National Coalition against Two Child Norm and Coercive Population Policies, along with several civil society partners, built considerable pressure this year on removal of the two child norm policy in Rajasthan. The consistent advocacy in the state resulted in several legislators now demanding a review of the policy, which bars those with more than two children from contesting panchayat and municipal elections and disqualifies employees from promotions and incentives.

Continuous advocacy efforts have also resulted in several

international and national organisations agreeing to take up the issue of two child norm and coercive population policies in their agenda. The NHRC will be taking proactive steps to get the two child norm removed from the panchayati raj institution (PRI) elections and other schemes.

Active Vigilance and Information Dissemination

CHSJ continued to facilitate exchange of information on reproductive health issues, especially from the grassroots to the national level. The listserv Reprohealth and the Reproductive Health Observatory collate information from various sources and make it available to activists, researchers and policy advocates. The Reprohealth platform has emerged as an important source of information where issues of concern are discussed and debated. Apart from this, information collected in the national Camp-watch campaign which CHSJ and its partners had earlier launched to monitor the quality of services in sterilisation camps, was used to buttress the Devika Biswas vs Union of India public interest litigation in the Supreme Court.



Theme: Men and Gender Equality

This was an exciting year for the work with men as it provided global coverage of CHSJ's work and the entire field of engaging men and boys for gender justice. CHSJ was also able to develop better partnerships and understanding of the work with men in different regions of India.

Working with Adolescents and Young Men on Changing Social Norms

CHSJ continued its intervention Yuva-Samaanta Ki Oor with adolescent boys in Rajasthan, working with partners Manjari in Bundi and Vikalp Sansthan in Udaipur for creating new gender norms. Animator and facilitator capacity building trainings were conducted and facilitators took an exposure visit to Pune to learn about the work with men in Maharashtra and to share their own experiences. A baseline study on attitudes of youth regarding gender practices, reproductive health and use of contraceptives was conducted. Monthly group meetings, quarterly reviews, gender participatory rural appraisal (PRA) mapping training, collection of stories of change and challenges and a community campaign on girl child education, early marriage and gender discrimination were conducted. Individual and collective changes have started emerging and the stories of changes and challenges are being recorded.

Repositioning Family Planning: Men Who Care (Aarogya Mitra Project)

The Aarogya Mitra project is being implemented in 30 villages of Maharashtra with partners, Kamdhenu in Osmanabad district, SAMYAK in Solapur district and Sanwad in Ratnagiri district. The objective is to contribute to improved reproductive health (RH) status and reduced vulnerability for women. This is to be achieved by encouraging men to assume a supportive role in planning families, during their partners' pregnancy and in new born care, and by increasing availability and accessibility of services in line with the National Health Mission.



Selection of partner organisations, project villages, animators (community level volunteers) and facilitators was carried out. Three training programmes were conducted for animators and facilitators for increasing knowledge and perspective and skill building. Groups of married and unmarried men between 18 to 29 years have been formed in all 30 villages and group meetings are taking place. The impact of the work by the animators (here termed Aarogya Mitras) is that people are now coming forward to avail of reproductive health services. Men have started approaching animators and facilitators for counselling on issues of sexual health for themselves and their partners. In addition, the relationship between animators and facilitators with village level health service providers like ASHA, ANMs, anganwadi workers (AWWs) and multipurpose workers (MPWs) has been strengthened and there is increased support for their work in the villages.

Young Boys Ensure Equality for All

story of

'She deserved equal opportunity for her higher education, as much as I did' Attending classes in Udaipur University, Jagdish Yadav (21), from village Khartana, block Mavali in Rajasthan felt uncomfortable about his younger sister being forced to stay at home. He and his father had decided that since she was now 17 years old it was time for her to discontinue studies. They had fixed her marriage even though she was keen to study further after matriculation. As a member of the adolescent and youth group programme Yuva-Samaanta Ki Oor, Jagdish had been deeply influenced by discussions on gender equality.

Says Jagdish now, "I realised that by stopping my sister's education I had not done her any good. What was the point of being associated with this programme of gender equality if I myself could not be just towards my own sister? I should first bring change in my own home. I talked to my father about my sister's higher education plans, discussing that sending me to university on the one hand and on the other hand stopping her further education and fixing her marriage was not just. She deserved equal opportunity for her higher education, as much as I did." Jagdish also spoke to his sister's prospective groom and in-laws and after much persuasion there was agreement that her marriage would be deferred and she would attend college.

Inspired by Jagdish, other youth carried forward the awareness programme in their villages by collecting information about school dropout girls and holding discussions on the importance of higher education for girls with their family members. Jagdish and his friends also succeeded in bringing back into higher education 30 girls who had dropped out, by helping them submit their re-enrolment forms in their respective schools.

Caring Fathers: A Campaign on Caring Fatherhood

A programme on the issue of involving fathers in care of their children is being run in Uttar Pradesh, Madhya Pradesh, Jharkhand and Maharashtra. This intervention has widened advocacy on the issue by involving various stakeholders and communities in the four states to mainstream the issue in their work. CHSJ seeks to integrate a child rights perspective into its existing work and to support, develop and strengthen network organisations in other states to incorporate the perspective within their own work and develop a community of practice.

The campaign has encouraged public action being taken at the block level. Rallies and workshops have created an enabling environment to discuss sensitive issues including corporal punishment. PRI heads, gram sevaks and PRI members are now discussing child rights issues in council meetings and evolving action plans to address them. Increased communication between fathers and children is visible. Another impact of this campaign is that there is increasing demand from schools to organise parent-children workshops as instances of 8th and 9th standard girls being taken by their fathers to see prospective grooms had stopped due to the campaign. Another significant impact has been the demand by media persons to organise more sensitisation and perspective building workshops at the district level so that more informed news can be generated on exploring the role of men in securing rights of children.

Enhancing Male Participation for Improving Gender Equality in Maharashtra - Samajdar Jodidar Project

CHSJ's intervention in 100 villages in Maharashtra through the Samajdar Jodidar project continued till December through five partner organisations – Astitva Trust in Sangola, Halo Medical Foundation in Akkalkot, Nari Samata Manch in Pune, Savitribai Phule Mahila Mandal in Beed and Yuva Gram in Kaij.

During the year, additional groups of adolescent boys (men's groups had already been formed) were created in all villages. This was done to address the emerging need of sensitising men to gender justice at an earlier age when concepts of masculinity and sexuality are being formed. In addition, around 1700 boys from 100 villages were interviewed through an IVRS (Interactive Voice



Response System) based online survey on issues of masculinity, sexuality, gender and gender based discrimination.

Under the project, a state level dissemination workshop in Mumbai and two district level dissemination workshops for advocacy with people's representatives and administrative authorities were organised at Pune and Beed respectively.

The four and a half year programme was able to show changes at the individual and community levels, increased participation of women in local governance and reduced gender based violence. The programme succeeded in institutionalising individual changes in men and boys and also ensured that engaging men has become a community owned process, through involvement of community based organisations like village dispute redressal committees and village health and sanitation committees. Crucial support from the government has also been ensured.

Empowering Adolescent Girls and Boys for Improving Reproductive and Sexual Health through Convergence

CHSJ launched a project in 10 villages of Sant Ravidas Nagar, Bhadohi, Uttar Pradesh, to increase the capacity of adolescents and young population and the community to monitor, support and sustain the provisions of Adolescent Friendly Health Services at the PHC Level with support from the National Mission on Empowerment of Women. The programme aims to improve the overall health, educational and autonomy levels of female adolescents.



Annual Report 2014-2015 | 11

Satyamev Jayate Showcases CHSJ's Work With Men

This year CHSJ's engagement with men on gender issues got enormous worldwide recognition when one of its animators' Mahadev Bajbalkar, who has challenged prevailing notions of masculinity, was featured in the widely seen TV show Satyamev Jayate. Produced and anchored by actor Aamir Khan, the episode 'When Masculinity Harms Men' of Season 3 of the show was telecast on November 9 on Star Television Network and the national network Doordarshan. CHSJ also closely worked on the content of the episode. The show's production team met several of our network members and project partners to understand the issues around masculinity and the ongoing field level work.

In connection with the show, CHSJ was awarded Rupees one crore for its contribution to working on men and gender and also to strengthen the organisation's efforts.

A multipronged strategy has been adopted to promote reproductive and sexual health needs of adolescents between 10-19 years. Village Health Sanitation and Nutrition Committees, School Education Committees and Mothers Committees have been sensitised on the need for establishing reproductive and sexual health and rights and the need to promote gender sensitive and youth friendly services.

The project highlights the need for convergence between sectors. During the year, partner selection, village selection and group formation of adolescent boys and girls was carried out and monthly meetings initiated. Trainings were conducted on issues of gender and patriarchy. Messages were also developed and communicated through street plays.

MenEngage Delhi

MenEngage Delhi (MED) is a network that started spreading its roots in the lead-up to the 2nd MenEngage Global Symposium 2014 through various mobilisation and advocacy programmes held with the aim of engaging men and boys, especially the youth of Delhi, for gender justice. MED has carried out around 60 interactions with youth, students and communities across the city in the year using film screenings, games, group discussions, training workshops and other interactive methods. MED worked towards deepening its engagement with colleges, network members and various artistes to create a platform for exchange and a cultural resonance on the issue it in the capital.

Kishor Varta (IVRS)

In an effort to reach out to adolescent boys in rural Rajasthan, CHSJ developed a series of stories around issues of body literacy, gender discrimination, reproductive health, consent and age at marriage. These audio stories will be available through the IVRS based mobile phone platform. The stories reflect issues that the community faces on sexualities, masculinities and reproductive



health. The stories were developed after a baseline survey was carried out in Rajasthan and Maharashtra from which data was generated about the prevailing ideas and myths around these issues.

Communication for Mobilisation and Advocacy with FEM Partners

With the help of members of the FEM (Forum to Engage Men) network, an extensive process of advocacy on gender and masculinities was launched across the country in the months preceding the 2nd MenEngage Global Symposium held in New Delhi in November. FEM Members ensured pre-symposium mobilisation activities swept across India, touching thousands of people.

Regional pre-symposium events were undertaken across six areas. Regional consultations, academic seminars and film festivals were held in North, South, East, West, North East and North West India. Especially noteworthy was reaching out to the North Eastern and North Western states. More than 500 organisations and 1000 people participated in Regional Consultations. Participants included organisations and networks working on women's issues, LGBTQ issues, those working with men and boys, media, health, human rights and other development issues. This spread was reflected in the delegate participation of the Global Symposium event in Delhi. All regional events received good press coverage indicating an interest in the media on issues of masculinities apart from prevention of violence against women.

2nd MenEngage Global Symposium - Delhi Leads the Way in Engaging Men for Gender Equality

"We live in a world of profound inequalities and unbalanced power relations, where rigid norms and values about how people should behave fuel and exacerbate injustices. We have to change that." This beginning to the Delhi Declaration and Call to Action of the 2nd MenEngage Global Symposium 2014 – Men and Boys for Gender Justice, was the raison de etre for 1200 activists from 95 countries convening at the India Habitat Centre in New Delhi from November 10-13. The secretariat of the symposium was hosted by CHSJ.

Illuminating Dimensions of Masculinity

Global leaders from international organisations and government and country representatives joined activists, researchers, practitioners and policy makers in 60 thought-provoking sessions over four days. A hundred oral abstract presentations and another 50 poster presentations were made, in a multilingual mélange of English, Hindi, Spanish and French. Discussions were arranged around seven key 'tracks' aimed at understanding

Discussions Crystallise in Delhi Declaration

The Delhi Declaration and Call to Action, issued at the end of the symposium, leads on to a robust statement that advocates how to take work with men and boys from the programme and project level into policies and institutions; promote ghender equitable socialization; and engage men and boys in prevention of gender-based violence, as fathers and caregivers and as equal partners in sexual and reproductive health and rights.

masculinities in different disciplines – Violence; Health and Well Being; Poverty and Work; Sexualities, Identities; Making of Men – from Masculinity to Humanity; Care, Relationships and Emotions; and Peace Building, Social Justice, Inclusion.

A Rainbow of Expressions

Reflecting on the theme of masculinities and gender equality in diverse ways, the academic mixed with the cultural at the symposium in a rich potpourri of dance, music, games, a globally curated film festival on masculinities, a photography exhibition and theatrical performances spread over the symposium's venue. Substantive discussions were held outside the formal sessions in 'Hangout Zones.' Fifty outdoor exhibition stalls also showcased work by participants from around the world, adding a rainbow of colour.

More Than a Symposium - Campaign Advocacy Across South Asia

The symposium was seen not only as an event but as a process of advocacy with long term impact on addressing issues of gender justice particularly violence against women. CHSJ ensured concrete outcomes in India from the symposium through extensive outreach activities. Thus, the agenda of engaging men and boys for gender justice was undertaken at two levels – a presymposium advocacy process and the event itself. In the months leading up to the symposium a high intensity campaign on re-

examining masculinities spread across India and the South Asia region. Seminars, discussions, film festivals, media conventions and mini-symposiums were held in cities in India, Nepal, Pakistan, Bangladesh and Sri Lanka. State agencies and citizens' collectives were sensitised and opportunities created for them to participate in the overall reflection of masculinities and voice their opinion.

Activities on the ground found resonance in the symposium's active social media hub. A bouquet of platforms kept people engaged in interactive discussions and networking. The website www.menengagedilli2014.net and several dedicated mail accounts played an important role in facilitating delegate participation in the symposium.

Media Mobilisation

An extensive media mobilisation plan was unrolled in advance resulting in considerable visibility to the symposium and its allied processes in Indian and international print, broadcast and online media. Around 100 items of news and features appeared, including special interviews and panel discussions on national TV channels and live TV coverage from the symposium.

Directions for Beyond 2014

The symposium led to a series of beginnings such as:

- Consolidation of CHSJ's role in international platforms for influencing gender based policy and planning.
- A listserv Men&Boys, set up to facilitate participation in the symposium, has now over 2000 active members from 95 countries and membership is expanding.
- The India Alliance for Gender Justice, a forum of those who participated in the symposium, has been set up for engaging with broader constituencies.
- A citizen's network, MenEngage Delhi, is being spearheaded by CHSJ.
- An international resource sharing centre is underway.
- The symposium's presentations and discussions are being developed into knowledge products as a permanent repository for building understanding on the issue.



Annual Report 2014-2015 | 13

Theme: Community Action for Health Rights

This year was one of consolidation for CHSJ's work on Community Action for Health Rights. The field intervention on social accountability in maternal health in Madhya Pradesh had considerable impact. With regard to networking and alliance building, CHSJ took on the global secretariat of the Community of Practitioners for Accountability and Social Action in Health (COPASAH), which gained much visibility this year. The Maternal Health Rights Campaign (MHRC) has grown in this year and is being recognized as an important platform for discussing, debating and collective advocacy on maternal health issues in Madhya Pradesh.

Community of Practitioners in Accountability and Social Action in Health (COPASAH)

CHSJ is the current Global Secretariat and Communication Hub for Community of Practitioners on Accountability and Social Action in Health. COPASAH has emerged as a platform for capacity building on new skills (such as use of accountability work) and perspectives related to social accountability, as well as for sharing of experiences between partners.

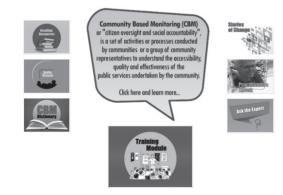
This has been done through developing, compiling, online dissemination and publishing of a host of knowledge products like case studies, the quarterly newsletter COPASAH Communiqué and by organising training workshops, facilitated learning exchange and exposure visits, handholding of COPASAH partners and providing technical support. The COPASAH communication platforms including a website, listserv, blog and Facebook page have strengthened the visibility of COPASAH.

COPASAH members also participated in the Global Symposium on Health System Research (GSHSR) at Cape Town from September 29 - October 3, 2014. Poster presentations on Spiral Learning Model and human rights education for community monitoring were made. A stall was organised to disseminate COPASAH's publications and other material. Converging at Cape Town provided an opportunity for COPASAH to be introduced to the global public health community of practitioners, researchers and activists. It also opened up new avenues of thinking about COPASAH's reach, relevance and future thrust.

eLearn-Health CBM

This year CHSJ has refined the resource pack to an eLearn-Health CBM, an interactive e-resource to support grassroots human rights practitioners with a view to adopting new methodologies and improving upon existing practices. The interactive web based learning platform draws upon the existing practice of community

eLearn-HealthCBM An e-Resource for Accountability Practitioners in Health



monitoring in different parts of the world to enable practitioners to build their skills. This e-resource is available at http://www. copasah.net/cbm--e-learning-resource.html

Gender, Maternal Health and Social Accountability – The Sajhedar Initiative, Madhya Pradesh

This was the fourth year of the Sajhedar project being implemented in Sidhi and Morena districts of Madhya Pradesh, a state which has a high maternal mortality ratio of 227 and is one of the high focus states for improving maternal health. During the year, there was a consolidation of group leadership and a more concerted effort to demand services from the health system. Capacity building of the animators along with monthly meetings continued, helping to build animators' knowledge and skills on advocacy. A joint meeting of all 30 animators from Sidhi and Morena was held in Bhopal, providing them an opportunity for peer learning to enhance leadership skills.

A rigorous process of community based monitoring of healthcare services being provided at the Aarogya Kendras, Village Health and Nutrition Day (VHND) and PHC was carried out in three phases. Animators mobilised community members to monitor healthcare services. Community participation was seen in the preparation of public and social charters discussing and documenting their role in addressing these issues. The information on health services gathered through community enquiry was used to prepare report cards for each village. These report cards were pasted inside the Aarogya Kendras and service providers unanimously agreed that the 'poor' areas highlighted in the report cards would be worked upon for improvement in the second and third phase of monitoring.

The information gathered through community monitoring was used in village level public hearings to discuss remedial actions for improving healthcare services. PHC and district level





public hearings were organised to address issues which were not resolved at lower levels. The entire process of community monitoring and public hearings was carried out by the animators, reflecting the enhancement in their self confidence, perspective and skills. In Sidhi, the animators also advocated for improving services at a PHC, leading to positive results.

Maternal Health Rights Campaign

The work carried out in the Sajhedar project in the two districts of Madhya Pradesh has been linked to advocacy at the state level

through the Maternal Health Rights Campaign (MHRC). CHSJ is currently anchoring the secretariat of the MHRC, which operates through state-wide initiatives to monitor the quality of maternal health services and influence policy through advocacy. This year, effort was put into strengthening the MHRC by expanding its membership base and streamlining activities carried out under its banner. MHRC emerged as an important voice raising critical issues around maternal health in Madhya Pradesh. Besides, MHRC was represented in various state as well as national events, helping it to network with related coalitions such as NAMHHR, CommonHealth and Jan Swasthya Abhiyan.

Transformation of Karavahi PHC, Sidhi, Madhya Pradesh

STORY OF

'The outpatients department has grown and this shows the PHC's services are finally being utilised' An Outcome of a Community Action Intervention to Improve Maternal Health through Fostering Social Accountability

The Karavahi primary health centre (PHC) catering to 22 villages was housed in a panchayat bhavan in Karavahi village. Due to its remote location people did not feel safe in going there at night nor did the nurse stay in the premises. There was no electricity or water supply. Lanterns/ petromax lamps were used during deliveries at night and in the absence of running water and a bathroom, women were discharged within a few hours after delivery. Deliveries were conducted by the nurse with the assistance of a local birth attendant. Due to the absence of doctors and poor quality of services at the PHC, people preferred going elsewhere.

The dismal condition of the PHC was highlighted during a participatory rural appraisal exercise conducted through the Sajhedar project. This triggered community discussions about initiating action to improve its services. The animators began to dialogue with local health care providers about various entitlements, including the utilisation of untied funds. Three rounds of community inquiry were carried out at the PHC, and findings were shared with local functionaries. The chief medical health officer cited lack of resources and staff, but the animators continued to pressure authorities. Presentations were also made to the state Mentoring Group on Community Action (MGCA).

The condition of the PHC was shared with the media. A postcard campaign was initiated with 750 postcards being sent to the Chief Minister stating the measures required to be taken. Community members carried out consistent advocacy with local governance bodies such as the Gram Sabha. During elections, a 'manifesto' on improving services was shared with all representatives. Lobbying with a local Member of Parliament resulted in electricity being provided to the PHC within a month. The hand pump was repaired the very next day and the PHC had access to clean water.

Through the community's sustained advocacy significant changes have occurred. The PHC has been moved to a more accessible place. The infrastructure has improved; the building is in a better condition, there is electricity and water supply now. All essential medicines are available and a doctor has also been appointed. The ANM and nurses are more regular in their attendance and deliveries are being carried out routinely now. The outpatients department has grown and this shows the PHC's services are finally being utilised.

Theme: Health Rights and Marginalised Communities

Advocating for the health rights of marginalised and socially excluded groups has been an important area of work for CHSJ. This year provided it with the opportunity to adapt social accountability tools like community monitoring for addressing social exclusion in health. CHSJ was able to demonstrate their use through field interventions as well as carry out extensive capacity building trainings for organisations across seven states.

Capacity Building on Social Inclusion and Health Rights

CHSJ with support from the Poorest Areas Civil Society initiative (PACS), a DFID supported initiative for civil society organisations (CSOs), conducted capacity building of 48 CSOs in seven states viz. West Bengal, Odisha, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand and Uttar Pradesh, working with socially excluded and marginalised communities including dalits, Muslims and tribals. The trainings were conducted across four clusters, in two phases from January-September. A rigorous formative process preceded the training, followed by one-day consultation meetings in each cluster. Training modules on social inclusion and health rights were prepared and translated into Hindi, Bengali and Oriya. Tools for community monitoring at PHC and sub-center level, with a focus on maternal health, were tested, modified and translated. Tools were also prepared to assess discrimination while accessing services.

The focus of capacity building was on understanding social inclusion and its relation to health rights. The first phase of training focussed on understanding the public health system, health entitlements and health rights. The second phase focussed on skill building to analyse the context of discrimination and social exclusion and identify the gaps in the realisation of health rights. It sought to build the capacity on community monitoring as a tool for advocacy on health rights. Besides, it facilitated drawing up of an action plan towards addressing entitlement gaps and issues of discrimination in accessing health services. About150 participants attended the trainings.

National Consultation on 'Addressing Social Exclusion through Community Action for Health'

After the two phase training, a two-day national consultation was held in Delhi on September 4-5 on 'Addressing the Challenges of Social Exclusion through Community Action for Health.' Discussions among the 120 participants who were public health experts and activists from seven states focussed on issues of social exclusion in community based monitoring. Group discussions focussed on different aspects of social exclusion such as gender, caste, religion and tribe. A module on health rights and social exclusion was developed along with tools on social discrimination and maternal health. The consultation charted the way for CBMs across the states and participating CSOs drafted the CBM plan. It led to greater clarity on issues of social exclusion and learning from the process of module and tool making and led to teamleadership building in the seven states.

Community Intervention – Health Rights and Entitlements of Socially Excluded Communities

CHSJ has an ongoing partnership with the Dalit human rights network, Swadhikar in Madhya Pradesh. The aim of this partnership is to work towards non-discriminatory access to health rights and to ensure the health rights of socially excluded communities. Under this initiative, CHSJ through its partner organisations Satyakam Jankalyan Samiti, Pradeepan and Krishak



Standing up for Dalit Children in an Anganwadi

With concerted efforts of the Health Action Group (HAG) members, caste based discrimination was addressed in Lendagondhi and Bhilai villages in Multai block of Madhya Pradesh. The anganwadi worker and assistant were discriminating with dalit children, forcing them to wash utensils while upper caste children wereh not made to wash the dishes. Women members of the HAG, which comprised mixed castes, took up the issue and confronted the anganwadi worker, who gave in to the pressure and stopped the discriminating practice.

Sahayog Sansthan has been working in Chindwada, Betul and Raisen districts respectively with scheduled castes, scheduled tribes and Muslim communities. CHSJ mainly provides technical support to the partner organisations. Health Action Groups (HAG) have been formed at the village level. So far 178 HAG have been formed across the three districts. HAG members have been provided capacity building to enhance their knowledge and understanding on the provisions related to rural entitlements under the National Health Misson and build their leadership capacity so that excluded communities especially women can demand their health rights. Health service providers and other functionaries have been oriented on the issue of social exclusion in health.

The initiative has helped build the perspective of socially excluded communities on health rights and move the advocacy beyond issues of atrocities to include health rights issues. Inputs from CHSJ have enabled the community and local partners to identify and articulate social exclusion as it plays out in the availability, acceptability and quality of health services. At the local level, the partners have highlighted health concerns of socially excluded communities and have served as a pressure group to influence local health functionaries and governance bodies such as VHSNCs. At the state level, CHSJ linked partners to ongoing health campaigns such as the MHRC where they have been able to raise the concerns of the socially excluded. They have also been able to provide evidence on social exclusion in the form of case stories, CBM data and testimonies. Thus, the combination of inputs from CHSJ in perspective building on social exclusion and health and providing skills on community enquiry and advocacy have strengthened local communities' understanding of health rights, as well as helped raise the issue of social exclusion in health campaigns supported by evidence and experience.





Strategic Interventions

Research and Information Management

Evidence-based advocacy is a key strategy in CHSJ's work on health policy and programming that is responsive to the needs and rights of the poor and marginalised. Research allows us to understand the impact of government policy and programming as well as the ongoing process/changes that CHSJ tries to bring in through its interventions. Communication is one of the major threads that embrace various repositories of knowledge and in a timely manner disseminate meaningful and contextual information that aids empowerment, strengthens accountability and supports advocacy action. CHSJ has been extending this process in different ways.

RESEARCH

Baseline and Endline Studies

In the previous year CHSJ expanded its work with men to the adolescents' age group. This year, various baseline studies were conducted to understand the knowledge, attitude and behaviour of adolescents and young men in Rajasthan, Uttar Pradesh and Maharashtra on reproductive and sexual health, current gender norms in the community and access to public adolescent health services.

For a project going on in three districts of Maharashtra, a baseline study with mixed methods was conducted in the community to understand knowledge and practices in family planning, knowledge on reproductive and sexual health and the status of family planning services available in the communities.

For distilling the impact of the three-year long Sajhedar project which came to a close, an endline evaluation was conducted in Morena and Sidhi districts. A report describing the changes that took place due to the Sajhedar intervention was prepared. This included drawing data from the baseline and endline studies, mid-term reviews, a qualitative endline study, analysis of stories of change and two PRAs conducted in the project period.

Assessments

As part of the ongoing process documentation under the Yuva-Samaana Ki Oor project in Rajasthan, an effort was initiated to understand safe spaces for women in the community through a PRA exercise. Training to the animators has been provided on the issue and the activity is ongoing.

INFORMATION MANAGEMENT

This year there has been an increase in CHSJ's engagement in sharing information that catered to both global and local audiences. Multiple communication platforms across online and offline media were set up. These included websites, blogs, Facebook, Twitter, listserv and an interactive voice response system (IVRS).

Connecting Audiences with MenEngage Global Symposium

A multi pronged communication strategy was created that catered to different segments of society for mobilising public opinion on masculinity and gender in a first-ever advocacy of this nature and scale on the issue in the country. An intensive participatory process resulted in campaigns and outreach products spanning new age techniques to community friendly communication methods and tools used with a spin. Celebrities and activists engaged with the campaign and contributed to generating a national discourse on masculinity.

Being the host of the 2nd MenEngage Global Symposium 2014 and functioning as the secretariat, the organisation got the opportunity to develop and manage a website (menengagedilli2014.net) that put out timely and relevant information on the symposium to ensure global participation. During the symposium, the secretariat was able to efficiently manage live streaming of important sessions to audiences around the world in different time zones. Through social media platforms like Twitter and Facebook, minute by minute updates were shared with global audiences.

Multiple e-platforms

CHSJ also continued to manage multiple web based platforms such as CHSJ (chsj.org), COPASAH (copasah.net), Reproductive Health Observatory (rhobservatory. net), FEM (femindia.net), and the National Coalition against Two Child Norm and Coercive Population Policies (2cnpop.net/). CHSJ has also innovatively reshaped the eLearn-Health CBM (http://www.copasah.org/elearn-cbm.html), an interactive e-resource for grassroots human rights practitioners on health. Social media platforms are being creatively managed by CHSJ for all associated networks, leading to consistent increase in audience engagement.

Newsletters

Newsletters have been an effective community friendly medium of communication for CHSJ to share a variety of issue based information with a wide audience. The newsletters are:

COPASAH Communiqué

This is an online newsletter featuring the sharing of experiences from various regions through case stories, articles, reports and organisational profiles (www.copasah.net/newsletter.html)

Newsletter of the Coalition against Two-Child Norm (TCN)

For the past two years, CHSJ has been providing technical support in conceptualising and publishing an e-newsletter for the coalition. (http://www.2cnpop.net/coalition-publications.html)

Film

CHSJ produced 'Sajhi Duniya' a short film based on the impact of the Sajhedar project in Madhya Pradesh. Produced in Hindi, the film collates individual stories of men and brings out the transformation that takes place in gender relations when men play proactive roles in improving the health and lives of women in their family and society.

Use of ICT for Social Accountability

The digital divide is often a major barrier for grassroots practitioners who fail to use evidences effectively to bring about change. CHSJ has been providing technical support to practitioners on basic photography and filmmaking in order to strengthen their skills for accurate evidence collection and sharing.

A national-level workshop was organised in Bhopal in Madhya Pradesh where 20 practitioners from Madhya Pradesh, Uttar

ommun



VOICE AND ACCOUP

Pradesh, Karnataka, Maharashtra and Tamil Nadu participated. In Baroda in Gujarat, 24 practitioners associated with various community-based organisations took part in a state-level capacity building workshop. The workshops were very well received and promised to improve the use of technologies for community monitoring to enhance health rights of the marginalised.

Partnering with Adolescents through IVRS

To address the concerns of adolescents for bridging the information gap on sexual health rights, CHSJ started an initiative called Kishor Varta connecting adolescents through integrated voice response system (IVRS). With the help of this medium, CHSJ aims to reach out to a large number of mobile phone users, particularly adolescents and youth, in order to raise awareness. Innovative messages in the form of audio drama are being designed around issues of concern for this group, such as body literacy, gender discrimination, age at marriage, reproductive health and role of men in reproductive health rights.

The IVRS service is available through a toll free number which users can dial. When operational, it will allow users' both tremendous mobility as well as privacy. Also, it has been developed to turn users into participants. Those who dial in will not only listen to the stories but will also participate in carrying them forward by entering appropriate responses after hearing each part of the story, thus capturing their interest and level of understanding on these issues.

National Coalition Against Two-Child Norm and Coercive Population

Editorial

The death of 13 women following sterilisation in a camp in Chhattisgarh in November 2014 has once again brought to the fore, guality concerns in India's ily planning program. The incident shows that even ore than a decade of the Supreme Court Order e Ministry of Health and Family Welfare Standard Operating Protocols and Introl measures, the quality of care The experiences of poor women as not changed much and us of government family et oriented approach of om government data. tatistics (2013) data as a proportion of s (male or female). early 1980s to be provided to called 'Expected fact that India h in population ident at various where India has ents to improve nce of these new ned choice can be lity of care are not

This issue of newsletter attempts to throw light upon the issue of quality of care and informed choice in Indian family planning program. The article on community based monitoring in family planning by Nibedita Phukan, provides insights into using an innovative tool to create community vigilance regarding informed choice and quality of care in family planning. Devika Biswas in her article, shares a similar picture from Bihar where, despite clear cut guidelines and standard operating protocols for ensuring quality of care, protocols continue to be flouted and coercion in the family planning program is rife. A report on a Public Hearing on Informed Choice and Quality of Care in Family Planning held in Delhi in December 2014 provides further evidence that the problems of quality of care are not limited to Chhattisgarh, but are prevalent in other states of India as well.

One of the recurring concerns with India's family planning program has been that of its anxiety around population explosion, and a resultant thrust on use of terminal methods like sterilisation to achieve 'stabilisation' of the population. Sona Mitra in her article on the budgetary provisions in the family planning program substantiates this with evidence on skewed allocations to female sterilisation in the budget. Ranjana Vaishnav, in her article, talks about

Contd. pa

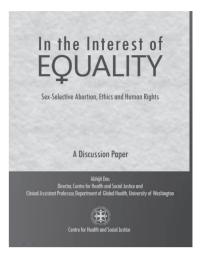
PUBLICATIONS

Articles

- E. Premdas "Expanding Human Rights Accountability Framework to Private Corporations" COPASAH Communiqué (7), April – June 2014. Available at: http://www.copasah.net/ uploads/1/2/6/4/12642634/copasah_communique_apr_-jun_2014.pdf
- Abhijit Das "Active Citizenship through Bottom Up Knowledge Generation and Peer Learning." COPASAH Communiqué (8), July-September 2014. Available at: http://www. copasah.net/july---september-2014.html
- E. Premdas Pinto, Bharati Prabhakar, Surekha Dhaleta and Renu Singh "Integrating Health Rights and Social Inclusion Perspective in CBM." COPASAH Communiqué (8), July-September 2014. Available at http://www.copasah.net/july---september-2014.html
- Abhijit Das and Sana Contractor "India's Latest Sterilisation Camp Massacre." British Medical Journal, December 2014; 349:g7282. Available at: https://www.bmj.com/content/349/ bmj.g7282
- Abhijit Das "In the Interest of Equality: Sex Selective Abortion, Ethics and Human Rights." Working paper, CHSJ, December 2014. Available at: http://www.chsj.org/ uploads/1/0/2/1/10215849/in_the_interest_of_equality.pdf
- Nibedita Phukan "Community Based Monitoring on Quality of Care in Family Planning Services." COPASAH Communiqué (9), October–December 2014. Available at http://www. copasah.net/uploads/1/2/6/4/12642634/issue_9_copasah_communiqué_.pdf

Presentations & Posters

- Abhijit Das, Edward Premdas Pinto, Bharti Prabhakar, Mahendra Kumar, Surekha Dhaleta "Influencing self- governance through community monitoring: Case study of evidence based monitoring and dialogue with the health service system in Madhya Pradesh, India." Poster presented at International Symposium on Public health and Governance, Jawaharlal Nehru University, New Delhi, India, September 7-9, 2014.
- Abhijit Das, E.Premdas Pinto, Bharti Prabhakar, Sana Contractor and Mahendra Kumar "Engendered Accountability for Responsive Health Governance: Case study of Adivasi men in Madhya Pradesh, organized for improving maternal health services." Oral presentation at International symposium on Public health and Governance, Jawaharlal Nehru University, New Delhi, India, September 7-9, 2014.
- E.Premdas Pinto, Abhijit Das "Human Rights Education For Monitoring: Capacity Building of Community Based Organisations (CBOs) for Accelerating State Responsiveness to Human Rights Issues in Health Care" Poster presentation at the Third Global Symposium on Health Systems Research, Cape Town, South Africa, 30th September - 3rd October 2014.
- Abhijit Das, E.Premdas Pinto "Open Learning Spirals: Pedagogical Innovations for Peer Learning to Facilitate Knowledge Translation and Capacity Building towards People Oriented Health Systems in South Asia" Poster presentation at the Third Global Symposium on Health Systems Research, Cape Town, South Africa, 30th September 3rd October 2014.
- Abhijit Das "Community Monitoring for Improving Informed Choice and QoCin Contraceptive Service Delivery." Oral presentation at the Third Global Symposium on Health Systems Research, Cape Town, South Africa, 30th September 3rd October 2014.
- E. Premdas "Ethics deficit culture in health institutions." Oral presentation at the 5th National Bioethics Conference, 11-13th December 2014, Bangalore, India.
- Shreeti Shakya, Mahendra Kumar, Kedar Rajak "Interface between community and service providers for involving men in contraceptive use." Oral presentation at the 2nd MenEngage Global Symposium, 11-13th November 2014, New Delhi, India.
- Shakti Jamdade "Making of Men From Masculinity to Humanity." Poster presentation at the 2nd MenEngage Global Symposium, 11-13th November 2014, New Delhi, India.







STRATEGIC INTERVENTIONS

Partnerships and Networking

The long-term sustainability of CHSJ's initiatives in the community is only possible through working collaboratively with partners, networks, and alliances. Some key partners of CHSJ are:

International

- Accountability and Monitoring in Health Initiative (AMHI), USA
- American Jewish World Service (AJWS), New York
- CARE, Peru
- Center for the Study of Equity and Governance in Health Systems (CEGSS), Guatemala
- Center for Reproductive Rights (CRR), USA
- Community of Practitioners on Accountability and Social Action in Health (COPASAH)
- Ford Foundation
- Human Rights Watch, USA
- International Budget Partnership (IBP), USA
- Promundo, Brazil
- Institute for Development Studies, Sussex, UK
- John D. and Catherine T. MacArthur Foundation, USA
- Liverpool School of Tropical Medicine, UK
- MenEngage South Asia
- MenEngage Global Alliance
- Oak Foundation, Geneva, Switzerland
- Open Society Institute, New York, USA
- South Asian Network to Address Masculinities (SANAM)
- Sonke Gender Justice, South Africa
- Training and Research Support Centre (TARSC), Zimbabwe
- Uganda National Health Users/Consumers Organization (UNHCO)

National

- Astitva Samaj Vikas and Sanshodhan Sanstha, Maharashtra
- Bihar Voluntary Health Association, Bihar
- Centre for Environment and Rural Technology, Uttar Pradesh
- Dharti Gramotthan Evam Sahbhagi Gramin Vikas Samiti, Morena, Madhya Pradesh
- Family Planning Association of India (FPAI), India
- Gram Sudhar Samiti, Madhya Pradesh
- Grameen Punarnirman Sansthan, Uttar Pradesh
- Human Rights Law Network, New Delhi
- Halo Medical Foundation, Maharashtra
- HAQ: Centre for Child Rights, New Delhi
- Independent Television Service, New Delhi
- JAGORI, New Delhi
- Kamdhenu, Maharashtra
- Krashak Sahayog Sansthan, Madhya Pradesh
- Madhya Pradesh Vigyan Sabha (MPVS), Madhya Pradesh
- MANJARI, Rajasthan
- Nari Samta Manch, Maharashtra
- Narotam Sekhsaria Foundation, Maharashtra
- National Mission for Empowerment of Women (NMEW), Ministry of Women and Child Development, New Delhi
- National Rural Health Mission, Bihar
- Population Foundation of India (PFI), New Delhi
- Pradeepan, Madhya Pradesh
- PRAYAS, Uttarakhand
- PRAYAS, Rajasthan
- Prerna Bharti, Jharkhand
- SAHAYOG, Uttar Pradesh
- SAMYAK, Maharashtra
- SANGAT South Asia

- Sangini Gender Resource Centre, Madhya Pradesh
- Sanwad, Maharashtra
- Satyakam Jankalyan Samiti, Madhya Pradesh
- Savitri Bai Phule Mahila Mandal, Maharashtra
- SAHAJ, Society for Health Alternatives, Gujarat
- Society for Community Health Awareness Research and Action (SOCHARA), Madhya Pradesh
- Support For Advocacy And Training To Health Initiatives (SATHI), Maharashtra
- SUTRA, Himachal Pradesh
- Swadhikar, New Delhi
- Tarun Chetna Sansthan, Uttar Pradesh
- Tarun Vikas Sansthan, Uttar Pradesh
- The Hunger Project, India
- UNFPA, India
- VIKALP, Rajasthan
- Yuva Gram Vikas Mandal, Maharashtra

Networks

- Advisory Group on Community Action (AGCA), a standing committee in the NRHM, Ministry of Health and Family Welfare
- CommonHealth
- Forum to Engage Men (FEM)
- Healthwatch Forum
- India Alliance for Child Rights
- Jan Adhikar Manch, Bihar
- Jan Swasthya Abhiyan
- Mahila Swasthya Adhikar Manch, Uttar Pradesh
- Men's Action for Stopping Violence Against Women (MASVAW), Uttar Pradesh
- National Alliance for Maternal Health and Human Rights (NAMHHR)
- National Campaign on Dalit Human Rights (NCDHR)
- National Coalition against Two-Child Norm and Coercive Population Policies
- Wada Na Todo Abhiyan
- WeMen for Equality
- Maternal Health Rights Campaign (MHRC), Madhya Pradesh
- Medico Friend Circle (MFC)
- Men's Action for Equity (MAE), Madhya Pradesh
- Right to Food Campaign

And many other state level organisations across India

Operational Mechanisms

Organisational Effectiveness

The organisational development process continued to shape CHSJ's policies as it tried to build the CHSJ team. While CHSJ's focus on capacity building continued, it took feedback from all staff members and also undertook staff appraisal.

The support of a gender expert was taken for a critical assessment of the environment in CHSJ from a gender perspective. The initiative resulted in an organisational policy being developed by CHSJ on prevention, prohibition and redressal of sexual harassment at the workplace. CHSJ has also set up a five-member internal complaints committee as per the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. Multiple Action Research Group (MARG) was invited to give an orientation session in September to staff members, providing them information on the law and its implementation.

A two day workshop held on January 21-22, at the Sanskriti Kendra in New Delhi, helped CHSJ revise its work for the next strategy cycle. The senior management team that was part of this process was guided by external experts. Tejinder Singh Bhogal, a development consultant, facilitated the workshop and helped detail the organisation's vision, mission and strategy.

A three-day retreat cum workshop was organised in Udaipur, Rajasthan from February 4-6 for the entire staff in order to strengthen systemic processes and reach the organisation's goals through a value-based approach. The organisation also mentored interns from various educational institutions in India.

Capacity Building

- Staff members participated in a five-day training of trainers (TOT) workshop organised by SAHAYOG from May 5-9 at Bhimtal, Uttarakhand, on enhancing skills for participatory training.
- Staff members took part in the One Billion Rising (OBR) campaign and its affiliated events throughout the year.
- Staff members participated in a workshop on using human rights based approaches in addressing Maternal Health in India, organized by the National Alliance for Maternal Health and Human Rights.
- Staff members participated in a one-day workshop on the use of digital media for mobilizing support for maternal and reproductive health and rights, organised in New Delhi on April 25 by Finland-based communication technologies group M4ID
- CHSJ continued to organise in-house capacity building events, mostly for perspective building and upgrading technical skills. Weekly meetings held every Tuesday were an important platform for discussion where all members were encouraged to speak on different issues.



Annexures

Annexure 1:

CHSJ Staff as on 31st March 2015

Abhijit Das, Director

Ajay Kumar, Finance Officer Ajay Lal, Programme Officer Dheeraj Giri Goswami, Programme Assistant E Premdas Pinto, Research and Advocacy Director Ishu Das, Office Assistant Jagdish Lal, Programme Officer Lavanya Mehra, Programme Manager Logna Bezbaruah, Programme Assistant Mahendra Kumar, State Manager Md Dastagir Ali Azam, Programme Associate Nibedita Phukan, Programme Officer Pramod Shaligram Shimpi, Programme Associate Rakesh Sahu, Programme Officer Ravish Ahmad, Programme Officer Rudrakshina Banerjee, Programme Officer Sambit Kumar Mohanty, Programme Manager Sana Contractor, Programme Manager Satish Kumar Singh, Additional Director Shakti Suresh Jamdade, State Manager Shreeti Shakya, Programme Associate Surekha Dhaleta, Programme Officer Sushil Kumar, Administrative Assistant Tulsi Manimuthu, Administrative Associate

Consultants and Interns

Ahmad Faraz, Consultant Ashis Biswas, Consultant Rimjhim Jain, Consultant Runu Chakraborty, Consultant Sakshi Bhalla, Consultant Sincy Joseph, Consultant Deepak Kumar, Intern Nupur Lalchandani, Intern

Staff who Left CHSJ during the Year

Amit Kumar, Finance Assistant Anita Gulati, Administrative Officer Bharti Prabhakar, Programme Officer Pavel Sagolsem, Programme Assistant Poonam Singh, Finance Assistant Renu Singh, Programme Manager

Annexure 2:

CHSJ Board of Trustees

Abhijit Das

Managing Trustee and Director, CHSJ, New Delhi and Clinical Assistant Professor, Department of Global Health, University of Washington, Seattle (USA)

A. R. Nanda

Former Executive Director, Population Foundation of India; Former Secretary, Family Welfare, Ministry of Health and Family Welfare, Government of India

Renu Khanna

Public Health Professional

Subhash Mendhapurkar

Development Professional

Suneeta Dhar

Gender Specialist

Usha Rai

Senior Journalist and Communication Consultant

Vijay Kumar Aruldas

Development Sector Consultant, Adjunct Professor, McGill University, Montreal, Canada

In addition to our Trustees, we acknowledge the following persons for their contributions and technical inputs in enhancing CHSJ's work:

Aaron Katz Adil Ali Amitabh Behar Amitrajit Saha Amy Hagopian **Anand Pawar** Anchita Ghatak Anjali Sen Enakshi Ganguly Thukral Imrana Qadeer Jashodhara Dasgupta Jaya Velankar Jerker Edström. Mangesh Kulkarni Mira Shiva Nandita Shah Paul Divakar Ramakant Rai Ravi Verma Runu Chakraborty S Srinivasan Sanjay Srivastava Sanjeev Sridharan Santosh Giri Shib Shankar Dasgupta Sonali Khan Sundari Ravindran **Tejinder Singh Bhogal** Vrinda Grover

Annexure 3:

Distribution of CHSJs work in India

- Enhancing male participation to improve gender equality in Maharashtra.
- ♦ Empowering adolescent girls and boys for improving reproductive and sexual health through convergence.
- ⊙ Repositioning family planning project.
- Health rights and entitlements of the socially excluded communities and women under NRHM.
- National coalition against two child norm and coercive population policies and community monitoring for improving informed choice in family planning.
- ₩ Men gender and sexuality, Rajasthan
- ★ Redeveloped 'eLearn-Health CBM' an interactive e-resource on community monitoring in health.
- ★ Gender power and sexuality: Empowerment and participation
- Family health campaign: Accountability for change
- Caring fathers: A campaign on caring fatherhood
- Capacity building of PACS CSOs on social inclusion and health
- ✤ Support to One Billion Rising Campaign
- Support to Jan Adhikar Manch for advocacy on population policies
- Networking on Men and Gender Equality
- % Consolidating the Community of Practitioners in Accountability and Social Action in Health (COPASAH) as knowledge- generation and dissemination platform
- ℅ Advocacy for MenEngage Global Symposium



Financial Summary 2014-2015

Balance Sheet as on 31 March 2015

Liabilities	Rupees	Fixed Assets	Rupees
Corpus Fund	5,000.00	Fixed Asset (Trust)	12,24,555.00
Fixed Assets Replacement Fund (Vehicle)	3,99,226.00	Fixed Asset (FCRA)	1,24,208.00
Fixed Assets Replacement Fund (Projector)	46,500.00		
General Fund (FC A/c)	1,24,208.00		
General Fund (Trust A/c)	17,66,787.57		
Reserve Fund (Trust A/c)	71,50,000.00	Current Assets	
		Security Deposit	2,12,000.00
Restricted Fund		Loan and Advances (FC A/c)	69,935.00
Foreign Grants unutilised	7,41,481.46	Loan and Advances (Trust A/c)	3,82,572.00
Indian Grants Unutilised	77,38,925.00	Cash & Bank Balance (FC A/c)	6,71,546.46
Other Programme	53,76,906.27	Cash & Bank Balance (Trust A/c)	2,08,51,048.54
Committed Liabilities	1,86,830.70		
Total	2,35,35,865.00	Total	2,35,35,865.00
Income & Expenditure Expenses	Rupees	Income	Rupees
UNFPA Maharashtra Project	80,57,979.00	Project Fund (Indian)	3,70,17,645.62
WCD	12,71,978.00	Bank Interest	3,34,092.00
NSF	16,18,619.00	Consultancy	1,51,300.00
UNFPA-Global Symposium Project	97,10,375.00	Donation	1,61,515.66
Reliance Foundation	84,810.00	Project Contribution	44,14,504.20
UN Women	26,33,399.00	Interest on Tax refund	2,743.00
Capacity building of PACS CSOs	15,63,788.00		
2nd MenEngage Global Symposium	1,13,68,277.62		
CBM in Family Planning	7,08,420.00		
Depreciation	4,16,383.00		
Transfer to Reserve Fund	45,00,000.00		
Excess of Income Over Expenditure	1,47,771.86		

FC Fund		FC Fund	
AJWS	17,66,457.00	AJWS	17,66,457.00
American Centre	21,72,744.00	American Centre	21,72,744.00
CEGSS	19,49,565.33	CEGSS	19,49,565.33
CAFS	49,17,913.00	CAFS	49,17,913.00
Ford Foundation	37,57,754.91	Ford Foundation	37,57,754.91
SONKE Gender Justice	34,71,447.15	SONKE Gender Justice	34,71,447.15
IDS	7,93,151.00	IDS	7,93,151.00
IIE	30,37,450.00	IIE	30,37,450.00
MacArthur Foundation	37,80,663.00	MacArthur Foundation	37,80,663.00
OAK Foundation	53,97,875.00	OAK Foundation	53,97,875.00
Open Society Institute	5,46,977.00	Open Society Institute	5,46,977.00
Foundation to promote Open Society	25,20,234.37	Foundation to promote Open Society	25,20,234.37
SWADHIKAR	3,54,111.00	SWADHIKAR	3,54,111.00
SWISSAID	10,96,095.11	SWISSAID	10,96,095.11
Individual Donor	7,493.09	Individual Donor	7,493.09
Total	7,76,51,731.44	Total	7,76,51,731.44

Receipts and Payment			
Receipts	Rupees	Payment	Rupees
Opening Balance		Foreign Grants Utilised	
Foreign Contribution (Cash & Bank) A/c.	95,99,120.88	AJWS	17,66,457.00
General (Cash & Bank) A/c.	41,62,442.71	American Centre	21,72,744.00
General - Advances & Impreset (Net)	-1,37,507.00	CEGSS	19,49,565.33
FC - Advances & Impreset (Net)	11,81,886.00	CAFS	49,17,913.00
		Ford Foundation	37,57,754.91
Foreign Grants Received		SONKE Gender Justice	34,71,447.15
AJWS	16,91,120.00	IDS	7,93,151.00
American Centre	18,21,439.45	IIE	30,37,450.00
CEGSS	14,05,409.00	MacArthur Foundation	37,80,663.00
CAFS	49,17,913.00	OAK Foundation	53,97,875.00
SONKE Gender Justice	21,11,028.00	Open Society Institute	5,46,977.00
IDS	9,80,357.00	Foundation to promote Open Society	25,20,234.37
IIE	30,37,450.00	SWADHIKAR	3,54,111.00
OAK Foundation	50,61,298.00	SWISSAID	10,96,095.11
Foundation to promote Open Society	25,00,876.00	Individual Donor	7,493.09
SWADHIKAR	3,32,685.00		
SWISSAID	12,11,000.00	Indian Grants Utilised	
Individual Donor	7,493.09	UNFPA-Maharashtra Project	80,57,979.00
		NSF	16,18,619.00
Indian Grants Received		WCD	12,71,978.00
UNFPA-Maharashtra Project	78,72,022.00	UNFPA-Global Symposium Project	97,10,375.00
NSF	18,31,500.00	Reliance Foundation	84,810.00
UNFPA-Global Symposium Project	1,04,79,781.00	Un Women	26,33,399.00
Reliance Foundation	1,00,53,173.00		
Other Programme fund received		Other Programme fund Utilized	
Capacity Building of PACS CSOs	54,18,053.00	Capacity Building of PACS CSOs	15,63,788.00
2nd MenEngage Global Symposium	1,28,07,284.89	2nd MenEngage Global Symposium	1,13,68,277.62
CBM in Family Planning	7,92,054.00	CBM in Family Planning	7,08,420.00
Other Income		Fixed Asset (During the Year 2014-15)	4,47,105.00
Consultancy	1,51,300.00		
Donation	1,61,515.66		
Project Contribution	44,14,504.20	Closing Balance	
Interest on Tax refund	2,743.00	Foreign Contribution (Cash & Bank) A/c.	6,71,546.46
		General (Cash & Bank) A/c.	2,08,51,048.54
Bank interest		General - Advances & Impreset (Net)	1,95,741.30
FC Fund	4,52,337.00	FC - Advances & Impreset (Net)	69,935.00
General Fund	3,34,092.00		
		Security Deposit	90,000.00
Fixed Asset Replacement Fund-Vehicle	2,58,582.00		
Total	9,49,12,952.88	Total	9,49,12,952.88